

Political Organization
Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

1 Name of organization

Iowa State U.A.W.-PAC Committee

Employer identification number
42-1162724

2 Mailing address (P.O. Box or number, street, and room or suite number)

2525 East Euclid, Suite 201

City or town, state, and ZIP code

Des Moines IA 50317

3 E-mail address of organization

4a Name of custodian of records

Paul Korman, Director
UAW Region 4

4b Custodian's address

2700 South River Road, Suite 200
Des Plaines IL 60018

5a Name of contact person

Dave Neil, President

5b Contact person's address

2525 East Euclid, Suite 201
Des Moines IA 503176 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
City or town, state, and ZIP code**Part II** Purpose

7 Describe the purpose of the organization

This Committee is the separate, segregated fund through which the U.A.W. Local Unions, membership, and their families within Iowa collectively make expenditures and contributions to influence the nomination or election of individuals to state, local and/or party office.

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Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
Rodney Brouwer	Vice President	215 East 28th Street South Newton IA 50208
Arletta Menke	Recording Secretary	25 Richards Drive Ft. Madison IA 52627
Janet Allen	Financial Secretary	1500 South 13th Street Burlington IA 52601
Larry Opperman	Trustee	3112 - 170th Street Marshalltown IA 50138
Dan White	Trustee	2919 Elm Street Dubuque IA 52001

Part IV **List of All Officers, Directors, and Highly Compensated Employees** (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date _____

